

**SOCIAL WORKER, MARRIAGE AND FAMILY THERAPIST
AND MENTAL HEALTH COUNSELOR BOARD**

MENTAL HEALTH COUNSELOR (LMHC) LICENSURE PACKET

This packet should contain the following information:

- 1.) Nine (9) pages of instructions and information
- 2.) A three (3) page application form
- 3.) A Verification of State Licensure Form
- 4.) Form C -- Verification of Graduate Coursework
- 5.) Form C-1 -- Graduate Coursework Content Areas
- 6.) Form P -- Verification of Practicum
- 7.) Form I -- Verification of Internship
- 8.) Form AI -- Verification of Advanced Internship
- 9.) Form E2 -- Verification of Post-Graduate Experience
- 10.) Form S2 -- Verification of Post-Graduate Supervision
- 11.) Form EE -- Verification of Experience

If this packet does not include all of the above documents, please contact the Indiana Professional Licensing Agency at: (317) 234-2064 or email us at pla5@pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT www.in.gov/pla/bandc/mhcb/statrules.html.**

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all instructions and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or send an email to pla5@pla.in.gov. For additional information, please visit our website at <http://www.in.gov/pla/bandc/mhcb/>.

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: SW/MFT/MHC Board
402 West Washington Street, Room W072
Indianapolis, IN 46204

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC § 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. **The information you provide will become public record.** Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

NAME CHANGE INFORMATION

If your name differs from that on any of your submitted documentation, you must also submit an official affidavit indicating any legal name change or a notarized copy of a marriage certificate.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Social Worker, Marriage and Family Therapist and Mental Health Counselor Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and

**Failure to disclose your U.S. social security number will result in the denial of your application.
Application fees are not refundable.**

LICENSED MENTAL HEALTH COUNSELOR (LMHC)

****ALL EDUCATION, EXPERIENCE, SUPERVISION AND EXAMINATION REQUIREMENTS MUST BE MET
IN ORDER TO BE GRANTED LICENSURE IN INDIANA.**

****Licensure, certification or registration in another state does not guarantee licensure in Indiana.**

EXAMINATION/ENDORSEMENT

The Board has adopted the National Clinical Mental Health Counseling Examination (NCMHCE) administered by the National Board for Certified Counselors (NBCC). You may use current licensure/certification as a mental health counselor in another state to exempt yourself from the examination provided that you have already passed the NCMHCE examination or a comparable examination that also tested clinical skills and knowledge. You may also use proof that you have engaged in the practice of mental health counseling for not less than three (3) of the previous five (5) years to exempt yourself from the examination, provided that you have already passed the NCMHCE examination or a comparable examination that also tested clinical skills and knowledge.

PLEASE NOTE: If you did not take the NCMHCE, or a comparable examination that also tested clinical skills and knowledge, to receive licensure/certification in the other state, you will be required to take the NCMHCE before you will be licensed as a mental health counselor in the State of Indiana.

**THE NCE EXAMINATION IS NOT COMPARABLE TO THE NCMHCE AND DOES NOT MEET INDIANA'S
LICENSURE REQUIREMENTS.**

If you are currently licensed or certified as a mental health counselor in another state and you will be applying for licensure in Indiana on the basis of that license, please continue to read all of these instructions. You will need to meet all education, experience and supervision requirements in order to gain licensure through exemption from examination (ENDORSEMENT)

Falsification of any of the information or documentation submitted to the Indiana Professional Licensing Agency is grounds for permanent revocation of a license or permit issued pursuant to this application.

The requirements for the LMHC licensure by examination or endorsement are as follows:

APPLICATION

Mail completed application along with all required documentation listed below to the Indiana Professional Licensing Agency.

AFFIDAVIT

If you answer "Yes" to any of the eight (8) questions on the application, the applicant must explain fully in a signed and **notarized** affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date, and disposition. If you have had a malpractice judgment, provide the name of the plaintiff. Letters from attorneys or insurance companies will not be accepted in lieu of your statement however they may accompany your affidavit.

APPLICATION FEES

Applicants must submit a fifty dollar (\$50) application/issuance fee made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

PHOTOGRAPHS

Applicants must submit one (1) acceptable photograph, taken within one year of the submission of the application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

VERIFICATION OF EDUCATION

A. Degree and Coursework

Applicants must submit proof of a total of at least sixty (60) semester hours or ninety (90) quarter hours of graduate coursework in counseling that includes the following:

Possession of a master's or doctoral degree in an area related to mental health counseling, such as Counseling, Clinical Social Work, Psychology, Human Services, Human Development, Family Relations, or any other program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) or the Council on Rehabilitation Education (CORE). A master's degree must have required no less than forty-eight (48) semester hours or seventy-two (72) quarter hours, or a doctoral degree must have required no less than ninety-six (96) semester hours in counseling that includes the following content areas:

- 1.) Human growth and development
- 2.) Social and cultural foundations of counseling
- 3.) Helping relationship, including counseling theory and practice
- 4.) Group dynamics, processes, counseling, and consultation
- 5.) Lifestyle and career development
- 6.) Assessment and appraisal of individuals
- 7.) Research and program evaluation
- 8.) Professional orientation and ethics
- 9.) Foundations of mental health counseling
- 10.) Contextual dimensions of mental health counseling
- 11.) Knowledge and skills for the practice of mental health counseling and psychotherapy
- 12.) Clinical instruction

Complete the enclosed **FORM C -- VERIFICATION OF GRADUATE COURSEWORK FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)** to report this information. This form must be completed and submitted with your other application materials. Delays in the application approval process are often the result of the Board's need to obtain more information from applicants regarding the specifics of individual course content. In order to ensure expediency in the application approval process, the Board suggests, but does not require, that applicants submit course catalog descriptions or course syllabi to accompany Form C. Please refer to the enclosed form C-1, titled "Graduate Coursework Content Areas" for further clarification on the type of coursework that may be used to meet these requirements.

If you hold a master's degree that required no less than forty eight (48) semester hours, you must also show completion of an additional twelve (12) semester hours of coursework in the area of mental health counseling or a related field to meet the sixty (60) semester hour requirement.

B. Supervised Clinical Experience

Applicants must submit proof of completion of supervised field experience of 1,000 hours served in a counseling setting that included at least the following:

- 1.) 100 hour practicum
- 2.) 600 hour internship
- 3.) 300 hour advanced internship

Applicants need to have received at least one hundred (100) hours of face to face supervision provided by a counselor educator, or a licensed or certified master's or doctoral level psychiatrist, psychologist, mental health counselor, clinical social worker, marriage and family therapist, or clinical nurse specialist in

psychiatric or mental health nursing during the completion of the total one thousand (1,000) hours of supervised clinical experience. Complete the enclosed **FORM P -- VERIFICATION OF PRACTICUM FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)**, **FORM I -- VERIFICATION OF INTERNSHIP FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)**, and **FORM AI -- VERIFICATION OF ADVANCED INTERNSHIP FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)** to report this information. These forms must be completed and submitted with your other application materials.

The bottom section of these forms must be completed by an appropriate authority at the institution of higher education in which the practicum, internship and advanced internship were given academic credit.

Applicants must submit an **official transcript** from the college or university from which you have:

- 1.) completed your master's or doctoral degree,
- 2.) completed any supervised clinical experience requirements, and
- 3.) completed any additional graduate coursework

showing that all requirements for graduation have been met and the degree was granted. **Academic credit for the practicum, internship and advanced internship must appear on the applicant's graduate transcript.** No course intended primarily for practice in the administration and grading of appraisal or assessment instruments shall count towards these clinical semester hour requirements. This must be an original official transcript, a transcript becomes "VOID" if copied. **If you have previously submitted a transcript to the Indiana Professional Licensing Agency for a previously submitted application for licensure, this Transcript cannot be used. You must submit a new original official transcript in a sealed envelope by the university.**

VERIFICATION OF POST-GRADUATE EXPERIENCE

Applicants must submit proof of three thousand (3,000) hours of post degree **supervised** clinical experience completed in no less than twenty-one (21) months and no more than forty-eight (48) months.

Complete the enclosed **FORM E2 -- VERIFICATION OF EXPERIENCE FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)** to report this information. This form must be completed and submitted with your other application materials. Your employer must fill out the bottom section of this form, **have the form notarized** and submit it directly to the Indiana Professional Licensing Agency. This form may be duplicated as needed. Instructions for completion are found on **FORM E2**.

VERIFICATION OF POST-GRADUATE SUPERVISION

Applicant must show proof of one hundred (100) hours of face to face supervision that was provided by a licensed mental health counselor, a licensed or certified master's or doctoral level psychiatrist, psychologist, clinical social worker, marriage and family therapist, or clinical nurse specialist in psychiatric or mental health nursing.

Complete the enclosed **FORM S2 -- VERIFICATION OF SUPERVISION FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)** to report this information. This form must be completed and submitted with your other application materials. Your supervisor must fill out the bottom section of this form, **have the form notarized**, and submit it directly to the Indiana Professional Licensing Agency. This form may be duplicated as needed. Instructions for completion are found on **FORM S2**.

VERIFICATION OF LICENSURE/CERTIFICATION IN ANOTHER STATE

Applicant must provide **VERIFICATION OF STATE LICENSURE/CERTIFICATION FORMS** from each state in which you are currently, or have ever been licensed, certified or registered to practice any regulated health profession or occupation. This form must be completed by the state licensing board in each state and returned directly to the Indiana Professional Licensing Agency. This form may be duplicated. **You do not need to complete this form, if you only hold licensure or certification in the State of Indiana with the IPLA.**

VERIFICATION OF EXAMINATION & EXPERIENCE (ENDORSEMENT CANDIDATES ONLY)

Applicants must contact the appropriate examination reporting service (for National examinations) or the State Licensing Board (for State constructed examinations) and request that an official score report be sent to the Indiana Professional Licensing Agency. If the examination was any examination administered by NBCC, you may use the official score reporting form that was provided to you at the time of the examination administration. If you no longer have this form, you may send a written request to NBCC, containing your name, the type of

examination, the date of the examination, your certification number, information on where you wish NBCC to send the score report and a fifteen (\$15) fee for each request. You may contact NBCC at 1-336-547-0607.

Any examination other than the NCMHCE will be reviewed by the Board on an individual basis to determine equivalency.

PLEASE NOTE: The NCE is not equivalent to the NCMHCE.

Complete the enclosed **FORM EE -- VERIFICATION OF EXPERIENCE FOR LICENSURE AS A MENTAL HEALTH COUNSELOR (LMHC)**, if you are using proof of practice to qualify for exemption from examination. This form must be completed and submitted with your other application materials. This form may be duplicated as needed. Instructions for completion are found on **FORM EE**.

EXAMINATION CANDIDATES FOR LMHC

An applicant who satisfies the educational and post degree supervised clinical requirements may be approved by the Board to take the NCMHCE. Your application for the licensure examination must be approved by the Board prior to registration with the National Board for Certified Counselors. Once approval is granted, information will be mailed to each individual explaining the registration process for the examination. It is your responsibility to register for and complete the examination. **An applicant who has been approved by the Board to take the examination must take the examination within one (1) year from the date of the initial Board approval.** If the applicant has not taken the examination within one (1) year from the date of initial Board approval, the approval will be invalid and the applicant must submit a new application. Applicants who have failed the examination and who wish to retake the examination must submit a repeat examination application, fees and other requirements determined by the Board. An applicant who has failed the initial examination and two subsequent examinations shall be disqualified from retaking the examination until the applicant personally appears before the Board.

After completion of the examination, the results are forwarded to the Board within two to four weeks from the examination date and licenses will be issued promptly by the Indiana Professional Licensing Agency for passing candidates.

PLEASE BE PATIENT WITH THIS PROCESS.

TESTING ACCOMMODATION REQUEST

If you have a disability which may require some special accommodation in taking this examination, please request a Testing Accommodation Request Form from the Indiana Professional Licensing Agency by calling (317) 234-2064. If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333. If an accommodation is not requested prior to Board approval to take the examination, the Board cannot guarantee the availability of the accommodation on-site.

ENDORSEMENT CANDIDATES FOR LMHC

Requirements for applicants by exemption from examination

“Endorsement” is a term used to describe the process of granting a license to an applicant who possesses a license or certification to practice that profession in another state or country. Indiana’s mental health counseling licensure law requires all applicants who are applying for licensure as a mental health counselor by exemption from examination meet all of the following requirements.

If an applicant qualifies for licensure in Indiana by endorsement, he or she is only actually exempted from the examination requirement itself. The following requirements must be met in order to be approved for licensure through endorsement. Please refer to the appropriate section of the instructions for specifics on these requirements.

1. EDUCATION/EXPERIENCE/SUPERVISION

Endorsement applicants must meet all of Indiana’s education and supervised experience requirements for the licensure you are applying for.

2. EQUIVALENT EXAMINATION

The examination that you took to gain licensure in another state must be substantially equivalent to the examination required for licensure in Indiana

3. CURRENT/ACTIVE LICENSURE OR CERTIFICATION

Endorsement applicants must be currently licensed or certified to practice in another state at the same level of licensure that you are applying for in Indiana. This license or certification must be current and in good standing.

4. YEARS OF PRACTICE

Endorsement applicants must have been actively engaged in the practice of mental health counseling for not less than three (3) out of the previous five (5) years.

5. JURISPRUDENCE EXAMINATION

Endorsement applicants are required to pass a written jurisprudence examination covering the Board’s statute (Article 25-23.6), rule (Title 839) and the Health Professions Bureau Standards of Practice (Chapter 9). These laws and rules are contained in this application packet. Once your application is approved by the Board, a jurisprudence exam will be mailed to your address on file. A score of seventy-five (75) or above on the examination is passing. **You will not be granted licensure in Indiana until you have successfully completed this examination.**

APPLICATION/FORMS CHECKLIST FOR EXAMINATION CANDIDATES

If you are applying for licensure as a mental health counselor (LMHC) by examination, you must complete and submit the following forms.

- ____ Four (4) page application form
- ____ One (1) photograph
- ____ \$50 Application/Issuance Fee
- ____ Official Transcript(s)
- ____ Form C -- Verification of Graduate Coursework
- ____ Form P -- Verification of Practicum
- ____ Form I -- Verification of Internship
- ____ Form AI -- Verification of Advanced Internship
- ____ Form E2 -- Verification of Experience
- ____ Form S2 -- Verification of Supervision

APPLICATION/FORMS CHECKLIST FOR ENDORSEMENT CANDIDATES

If you are applying for licensure as a mental health counselor by endorsement, you must complete and submit the following forms.

- ____ Four (4) page application form
- ____ One (1) photograph
- ____ \$50 Application/Issuance Fee
- ____ Official Transcript(s)
- ____ Form C -- Verification of Graduate Coursework
- ____ Form P -- Verification of Practicum
- ____ Form I -- Verification of Internship
- ____ Form AI -- Verification of Advanced Internship
- ____ Form E2 -- Verification of Experience
- ____ Form S2 -- Verification of Supervision
- ____ Form EE -- Verification of Experience
- ____ Verification of State Licensure Form
- ____ NCMHCE/Equivalent Score Report

**TEMPORARY PERMITS FOR
LICENSED MENTAL HEALTH COUNSELORS (LMHC)**

The Board may issue a temporary permit to practice as a licensed mental health counselor to an applicant who submits the following:

- 1) a completed application for licensure as a mental health counselor including the fifty dollar (\$50) application fee, appropriate photograph and all supporting documentation; and
- 2) an additional fee of twenty-five dollars (\$25) for the temporary permit.

The applicant must also:

- 1) submit proof of a valid license/certificate to practice from another state. A copy of a current license/certificate will constitute proof of licensure/certification for temporary permit issuance only. Verification of the licensure/certification status must still be received directly from the other state's Board; **OR**
- 2) have been practicing in a state that does not license or certify mental health counselors, but is certified by a national association approved by the board. Verification of current certification must be received directly from the certifying national association. (Indiana does license mental health counselors so you must have been practicing in another state that does not license or certify mental health counselors.); **OR**
- 3) have been approved by the Board to take the examination.

A temporary permit expires the earlier of:

- 1) the date the individual holding the permit is issued a license;
- 2.) the date the Board disapproves the individual's application for licensure. (Disapproval of applications includes failing the required examination.)
- 3.) one hundred eighty days (180) after the initial permit is issued

The Board may renew a temporary permit if the individual holding the permit was scheduled to take the next examination and the individual did not take the examination and shows good cause for not taking the examination. "Good cause" is defined in the Board's statutes at IC 25-23.6-8.5-10, as follows, "good cause" means any reason approved by the board following written notice to the board from the applicant within thirty (30) days of the date the applicant was scheduled to take the examination. A renewed permit expires on the date the individual holding the permit receives the results from the next examination given after the permit was issued.

NOTE: Although approved applicants have one year (1) to take the examination, from the time of their approval by the Board, the temporary permit will expire after one hundred eighty days (180). Applicants who are issued a temporary permit are encouraged to take the examination within the first one hundred eighty days (180).

Once you are approved to sit for the examination you must test within six (6) months of notification.

NEW COMPUTER BASED EXAMINATION

The Social Worker, Marriage and Family Therapist, and Mental Health Counselor Board now offers computer based testing. Offering exams electronically allows for more exam opportunities and quicker results. Previously exams were only offered four (4) times per year and it took 4-6 weeks for the Board to receive exam results. The computer exams will be offered monthly and the Board will receive results in approximately two weeks.

There will be four testing sites available in Indiana. Those sites will be located in Evansville, Fort Wayne, Indianapolis, and Mishawaka. Please visit the AMP website located at www.go.amp.com for exact locations and driving directions.

The Social Worker, Marriage and Family Therapist, and Mental Health Counselor Board is excited to offer this new testing opportunity to all future mental health counselors in the State of Indiana and as always, "we work to keep you working."

EXAMINATION FEE AND SCHEDULE

The current fee for the examination is one hundred sixty-five dollars (\$165) which is established by the examination service and is payable directly to the "National Board for Certified Counselors" (NBCC). This fee must be paid when you register to take the examination. Payments can be made by Visa, MasterCard, American Express, personal check or money order.

The following is the current examination schedule, including deadlines for having submitted a complete application to the Indiana Professional Licensing Agency.

2008 EXAMINATION SCHEDULE

<u>Exam Date</u>	<u>Exam Window</u>	<u>Deadline for Completed Application</u>
January 2008	01/07/ – 01/12	October 15, 2007
February 2008	02/04 – 02/09	January 21, 2008
March 2008	03/03 – 03/08	February 18, 2008
April 2008	03/31 – 04/05	March 17, 2008
May 2008	05/05 – 05/10	April 21, 2008
June 2008	06/09 – 06/14	May 12, 2008
July 2008	07/07 – 07/12	June 16, 2008
August 2008	08/04 – 08/09	July 21, 2008
September 2008	09/08 - 09/13	August 18, 2008
October 2008	10/06 – 10/11	September 15, 2008
November 2008	11/03 – 11/08	October 20, 2008
December 2008	12/01 - 12/06	November 17, 2008